

ENHANCED COMMUNITY TRANSITION RATE

**Update
August 31, 2006**

Enhanced Community Transition Rate

The enhanced rate for transitioning individuals from an ICF/MR to the community is a flat rate of \$125,000. This rate is an all inclusive rate for all necessary services to maintain community inclusion. It is the responsibility of the provider to obtain the necessary services through either direct provision or contractual arrangements with certified SCL providers. The provider, direct or contractual, may only provide services for which they have been certified to provide. Services must be individualized to meet the unique needs of the recipient and identified on the individual service plan.

Individual Qualifications for the Enhanced Rate

Individuals will qualify for the enhanced rate under the following conditions:

- The individual or the guardian has expressed a desire to transition from the facility to the community, **AND**
- The individual has resided in an ICF/MR for a period of at least two years; **OR**
- The individual has resided in an ICF/MR for a period of less than two years but more than six months and has been reviewed and approved for transitioning by the Department for Medicaid Services*; **OR**
- The individual is transitioning from an institutional setting other than an ICF/MR and has a primary diagnosis of MR/DD, has been in an ICF/MR for a period of at least six months within the last two years, has received prior SCL funding and has been reviewed and approved for transitioning by the Department for Medicaid Services*.

**Individuals in these categories will be reviewed and approved or denied eligibility for the enhanced rate on a case by case basis.*

***All out of state ICF/MR transitions will be reviewed on a case by case basis by the Department for Medicaid Services.*

Provider Qualifications for the Enhanced Rate

All SCL residential providers are eligible for the enhanced rate, including family home providers and adult foster care. Please see 907 KAR 1:145 Section 4 (K) for a complete listing of eligible providers. In addition the provider must be willing and able to provide services to a minimum of one (1) individual who has scored at least five (5) on the NC-

SNAP; and be able to serve a minimum of three (3) individuals, regardless of funding source, in the residence. A provider is not required to serve a minimum of three (3) individuals who qualify for the enhanced rate but rather shall be able to serve a minimum of three (3) individuals in the residence.

Provider Selection

The process for selection of providers has not changed. Each individual and/or the guardian has the freedom to choose their own provider. Marketing your agency to consumers, individuals or staff is strictly prohibited. However, you may submit agency brochures for inclusion in the facility transition resource library. In addition, we would remind all providers that distributing items such as magnets, pens, candy and notepads can pose a health and safety risk to our residents and is prohibited. Exceptions to this policy can be made for some special events such as facility sponsored family days and picnics. Requests for exemptions must identify all safeguards which will be in place to ensure the safety of the residents and must be approved by the facility, the Department for Mental Health and Mental Retardation Services (DMHMRS) and the Department for Medicaid Services (DMS).

Transitioning Process

During our initial meeting and conference call to roll out the enhanced rate, many providers posed questions and concerns about the current transitioning process. We have discussed those concerns with staff and efforts will be made during the transitioning process to alleviate any perceived barriers. A brief synopsis of the actual transitioning process is attached for your convenience. If at any time you encounter a perceived barrier that you feel is not being adequately addressed please feel free to contact Angela Kirkland at 502-564-7540 Ext. 3009 or by e-mail at angela.kirkland@ky.gov or Betsy Dunnigan at 502-564-7702 or by e-mail at betsy.dunnigan@ky.gov or Mary Jo Richardson at 606-677-4068 or by e-mail at maryj.richardson@ky.gov

The transition coordinator for the ICF/MR will notify DMS Division Director Angela Kirkland and Assistant Director Mary Walker when a transition is ready to take place. The notification should be sent via e-mail and should contain the name of the individual transitioning to the community, the date the transition will occur and the name of the residential provider. DMS staff will then enter the data in the system which will trigger the enhanced rate ("D" designation).

One Time Supplemental Funding

DMHMRS is responsible for the one time supplemental funding. Following discussions with providers this funding has been expanded beyond simple home modifications to include necessary staff travel and training that is required as part of the transition process. With this change, the \$12,000 maximum per residence became a barrier to any provider who served more than two individuals. For that reason, the \$12,000 limit per residence is no longer in effect. Each resident who is eligible for the enhanced transition rate will be

eligible for up to \$5,000 in one time supplemental funding effective September 1, 2006. Allowable expenditures for this funding include staff training and travel as well as some limited minor home modifications not otherwise covered through other sources. Furniture is not an allowable expense. All expenditures must be approved by DMHMRS. The expectation is that a commitment will be made by the provider to support the individual for a minimum of two years. The process to obtain the funding, including all allowable expenditures, is identified in an attachment to this update. If you have any questions or concerns please contact Mark Dieruf at 502-564-7702 or by e-mail at mark.dieruf@ky.gov

Billing

DMS will make payments in monthly increments utilizing a daily rate code which will capture daily utilization data. The monthly payment versus a straight 1/12th payment will protect the provider in case of any necessary recoupments. Under the 1/12th payment the provider would have to forfeit an entire month for a minor recoupment rather than a daily rate. DMS will require the residential provider to bill all other SCL codes of all services provided, so utilization data will be captured. However, all the codes will be set to pay \$0. An identifier in the Member SNAP Data Screen will identify the individual members who have qualified for the rate. That indicator at the recipient level will key the use of the higher rate. The provider will bill code T2033 for a daily rate of \$342.47.

Recoupments

DMS will not create a new recoupment process however; all standard recoupment processes will remain in place. Recoupments will be based on the daily utilization rate. Recoupment for the \$5000 one-time supplemental costs may be assessed by DMHMRS if the agency does not maintain their commitment to support the individual for a two year period.

Monitoring

SCL area administrators will continue to monitor for regulatory mandates. A transitioning monitoring team will conduct monitoring visits for each individual who has transitioned from a facility at 30, 60, 90 day, six-month and one year increments for the first year following transition from the facility. The monitoring team will be assessing the overall wellbeing of the individual, who needed supports are being provided to meet the individuals' needs and ensure the health, safety and welfare of the individual, and provide any needed technical assistance the provider may need to aid in continued successful community placement.

Durable Medical Equipment

The regulation for Durable Medical Equipment (DME) allows the delivery of items up to two days prior to discharge. The equipment can not be billed until the date of discharge or after. The prior authorization (PA) process must be started earlier than the two days or

the required documentation may not be available. To speed the PA process along, the doctors at the ICF/MR DD should provide the CMN at the time that the item is ordered. All equipment must be medically necessary. DME also does not provide for permanent installation/home adaptation for any equipment.